



**Employment Information Center
County Personnel Department**

138 E. Court Street, Room 707
Cincinnati, Ohio 45202

Phone: (513)946-4700

Fax: (513)946-4720

Jobs Hotline: (513)946-4717

TDD: (513)946-4719

Web Address:

www.hamiltoncountyohio.gov

The above office coordinates Job
Opportunities in the following
County Departments:

Board of County Commissioners

Job and Family Services

County Administration

Administrative Services

Building Inspections

Communications Center

Community Development

County Facilities

County Personnel

Environmental Services

Paul Brown Stadium

Public Works

Treatment Accountability for Safer
Communities (TASC)

Hamilton County

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

General Information

Posting Number

Position Applied For

Last Name

First Name

Middle Initial

Mailing Address

Apt#

City

State

Zip

()

()

Home Phone

Business Phone

()

Cell Phone

E-Mail Address

Complete your response to each question

Are you at least 18 years of age? ☐ Yes ☐ No

Are you authorized to work in the U.S.? ☐ Yes ☐ No

Have you ever been or are you currently employed by a Hamilton
County Department/Agency? ☐ Yes ☐ No

If yes, list dates and name of department(s) and any other name under
which you were known by Hamilton County:

Have you been convicted of a felony or misdemeanor, other than a minor traffic violation? ☐ Yes ☐ No

If Yes, list date(s) and type(s) of offense(s) (*Convictions may not automatically disqualify you.*): _____

The following information will be used only if it is directly related to the position for which you are applying.

Do you have a valid driver's license? ☐ Yes ☐ No If Yes, State _____ Year of Expiration _____

Do you have a vehicle you could use in your work? ☐ Yes ☐ No

Do you currently have vehicle liability insurance? ☐ Yes ☐ No

How did you learn of this position?

☐ County Bulletin Board

☐ County Website

☐ Other Website

☐ Jobs Hotline

☐ Newspaper Ad

☐ University / Job Fair

☐ Other _____

Education

Use the section below to list your educational achievements including any college, technical or vocational school courses completed.

Did you receive a High School Diploma or GED? ☐ YES ☐ NO

1) College/University Name and Location	Degree Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what year? If No, how many years completed?	Type of Degree (Circle One) Associates Bachelors Masters Doctorate	Major:	
			No. of Sem Hours:	
			No. of Qtr Hours:	
2) College/University Name and Location	Degree Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what year? If No, how many years completed?	Type of Degree (Circle One) Associates Bachelors Masters Doctorate	Major:	
			No. of Sem Hrs:	
			No. of Qtr Hrs:	
3) Technical/Vocational School / Location	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No What Year:	Course of Study	No. of Weeks	No. of Hours
4) Technical/Vocational School / Location	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No What Year:	Course of Study	No. of Weeks	No. of Hours

Professional Licenses, Certifications and Registrations

Type of License/Certification	License/Registration No.	Expiration Date	Licensed to practice in Ohio?
1)			<input type="checkbox"/> Yes <input type="checkbox"/> No
2)			<input type="checkbox"/> Yes <input type="checkbox"/> No

Work History

Give complete information regarding present and former employment, beginning with the most recent. Please include your Military Service and any employment with Hamilton County. A resume may NOT be a substitute for completing this information.

1) Current or Most Recent Employer	Street Address, City, State, Zip		Phone
Your Job Title	Dates of Employment: From: To:	Salary:	Reason for Leaving:
Duties and Responsibilities (If supervisory, please indicate number and type of positions supervised):			

Work History (Cont'd)

2) Employer	Street Address, City, State, Zip		Phone
Your Job Title	Dates of Employment: From: To:	Salary:	Reason for Leaving:

Duties and Responsibilities (If supervisory, please indicate number and type of positions supervised):

3) Employer	Street Address, City, State, Zip		Phone
Your Job Title	Dates of Employment: From: To:	Salary:	Reason for Leaving:

Duties and Responsibilities (If supervisory, please indicate number and type of positions supervised):

4) Employer	Street Address, City, State, Zip		Phone
Your Job Title	Dates of Employment: From: To:	Salary:	Reason for Leaving:

Duties and Responsibilities (If supervisory, please indicate number and type of positions supervised):

Additional Qualifications

Outline briefly any other skills or experience that may be helpful to us in considering your qualifications. Please include volunteer and other community activities:

Please check all of the Microsoft software programs you have used:

☐ Access ☐ Excel ☐ FrontPage ☐ Outlook ☐ PowerPoint ☐ Publisher ☐ Word

List any other software programs or special machinery and equipment you have experience working with:

References Other than Former Employers and Relatives

1) Name	Phone:	Occupation:
Street Address, City, State and Zip Code:		
2) Name	Phone:	Occupation:
Street Address, City, State and Zip Code:		
3) Name	Phone:	Occupation:
Street Address, City, State and Zip Code:		

I certify all information given by me in this application is true and complete. I authorize Hamilton County to verify the information provided and realize that false information (misrepresentation or omission of information called for) is a basis for disqualification or dismissal. I authorize Hamilton County to contact educational institutions and current and previous employers. I further authorize current and former employers to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damages that may result from furnishing such information. I understand that information provided by me on this document may also be compared with information contained in records maintained by Hamilton County concerning myself for the purpose of determining my suitability for employment with Hamilton County.

Sign here: _____ Date: _____

DO NOT WRITE BELOW THIS SECTION. FOR OFFICE USE ONLY.

Classification:	Department/Division:
Class Number:	Unit and Supervisor:
Salary:	Index: Cost: Object:
Employment Date:	Posting Number:
Replacement:	CRIS-E Access: <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Control Number (PCN):	Vehicle Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Appointment Status:	Approval Date:
Finger Prints: <input type="checkbox"/> Yes <input type="checkbox"/> No	